	formation to identify yo						
ebtor 1	Ian C Hammers First Name	smith Middle	Name Last	Name			
ebtor 2							
pouse, if filing)	First Name	Middle	Name Last	Name			
nited States	Bankruptcy Court for the	e: NORTHER	N DISTRICT OF ILLINOIS				
ase number	19-34826						☐ Check if this is a amended filing
fficial F	Form 106A/B						
ched	ule A/B: Pro	perty					12/15
	•	ling, Land, or Otl	er Real Estate You Own or	Have an Interest In			
No. Go to Yes. Whe	, , , ,)	what is the property? Che Single-family home Duplex or multi-unit Condominium or co	eck all that apply building	the amount of	any secured	ims or exemptions. Put I claims on <i>Schedule D:</i> as <i>Secured by Property</i> .
No. Go to Yes. Whe	Part 2. Pere is the property? . West Circle Avenue ess, if available, or other descript)	What is the property? Che Single-family home Duplex or multi-unit Condominium or cod Manufactured or mod	eck all that apply building operative obile home	the amount of Creditors Who Current value entire propert	any secured Have Claim of the	I claims on Schedule D:
No. Go to Yes. When 1 5802 N. Street addr	Part 2. Pere is the property? West Circle Avenue ess, if available, or other description	etion 60631-0000	What is the property? Che Single-family home Duplex or multi-unit Condominium or co	eck all that apply building operative obile home	Current value entire propert \$265,0	of the y? 000.00 nature of yosimple, tena	I claims on Schedule D: as Secured by Property. Current value of the portion you own?
No. Go to Yes. When 1 5802 N. Street addr	Part 2. Pere is the property? West Circle Avenue ess, if available, or other description	etion 60631-0000	What is the property? Che Single-family home Duplex or multi-unit Condominium or cor Manufactured or mo Land Investment property Timeshare Other Who has an interest in the	eck all that apply building operative bbile home	Current value entire propert \$265,0 Describe the result (such as fee sa life estate), in 1/2 ownerses	of the y? 000.00 nature of your simple, tenaif known. of benefi	Current value of the portion you own? \$265,000.0 our ownership interest ancy by the entireties, of cial interest in
No. Go to Yes. Whe	Part 2. Pere is the property? West Circle Avenue ess, if available, or other description	etion 60631-0000	What is the property? Che Single-family home Duplex or multi-unit Condominium or coo Manufactured or mo Land Investment property Timeshare Other Who has an interest in the	eck all that apply building operative bbile home	Current value entire propert \$265,	of the y? 000.00 nature of your simple, tenaif known. of benefi	Current value of the portion you own? \$265,000.0 our ownership interest ancy by the entireties, cocial interest in
No. Go to Yes. When 1 5802 N Street addr Chicag City	Part 2. Pere is the property? West Circle Avenue ess, if available, or other description	etion 60631-0000	What is the property? Che Single-family home Duplex or multi-unit Condominium or cod Manufactured or mod Land Investment property Timeshare Other Who has an interest in the	building operative obile home	Current value entire propert \$265,0 Describe the result (such as fee sa life estate), in 1/2 ownerses	of the y? 000.00 nature of your simple, tenaif known. of benefi	Current value of the portion you own? \$265,000.0 our ownership interest ancy by the entireties, of cial interest in
No. Go to Yes. When 1 5802 N. Street addr Chicag City	Part 2. Pere is the property? West Circle Avenue ess, if available, or other description	etion 60631-0000	What is the property? Che Single-family home Duplex or multi-unit Condominium or cor Manufactured or mo Land Investment property Timeshare Other Who has an interest in the Debtor 1 only Debtor 2 only Debtor 1 and Debto	building operative obile home / re property? Check one	Current value entire propert \$265, Describe the r (such as fee s a life estate), i 1/2 owner cland trust v	of the y? 000.00 nature of your imple, tensif known. of benefit with his f	Current value of the portion you own? \$265,000.00 our ownership interest ancy by the entireties, o
No. Go to Yes. When 1 5802 N Street addr Chicag City	Part 2. Pere is the property? West Circle Avenue ess, if available, or other description	etion 60631-0000	What is the property? Che Single-family home Duplex or multi-unit Condominium or cod Manufactured or mod Land Investment property Timeshare Other Who has an interest in the	building operative obile home reproperty? Check one or 2 only debtors and another sh to add about this ite	current value entire propert \$265, Describe the r (such as fee s a life estate), i 1/2 owner cland trust v	of the y? 000.00 nature of your imple, tenaif known. of benefit with his f	Current value of the portion you own? \$265,000.0 Our ownership interest ency by the entireties, of cial interest in father

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Part 2: Describe Your Vehicles

B. Cars □ No ■ Ye	, vans,			ase number (if known) 1	9-34826
_		trucks, tractors, sport utili	ty vehicles, motorcycles		
_		· · · ·	•		
■ Ye					
	es				
		GMC		Do not deduct secure	d claims or exemptions. Put
	Make:		Who has an interest in the property? Check one	the amount of any see	cured claims on Schedule D:
	Model:	Acadia	Debtor 1 only	Creditors Who Have	Claims Secured by Property.
	Year: Approvin	2010 nate mileage: 79,0	Debtor 2 only Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
		formation:	☐ At least one of the debtors and another	entire property:	portion you own:
			Check if this is community property (see instructions)	\$8,000.00	9,000.00
3.2	Make:	Pontiac	Who has an interest in the property? Check one		d claims or exemptions. Put
	Model:	Firebird	Debtor 1 only		cured claims on Schedule D: Claims Secured by Property.
	Year:	2000	Debtor 2 only	Current value of the	
		nate mileage: 79,0		entire property?	portion you own?
(Other inf	ormation:	☐ At least one of the debtors and another		
			Check if this is community property (see instructions)	\$6,000.0	0 \$6,000.00
Exam □ No ■ Ye)	, , ,			
Exam)	Rinker	Who has an interest in the property? Check one		d claims or exemptions. Put
Exam □ No ■ Ye 4.1	o es		Who has an interest in the property? Check one ■ Debtor 1 only	the amount of any sec	cured claims on Schedule D:
□ No ■ Ye 4.1 M	o es Make:	Rinker		the amount of any sec Creditors Who Have	cured claims on Schedule D: Claims Secured by Property.
□ No ■ Ye 4.1 M	o es Make: Model:	Rinker Captiva	Debtor 1 only	the amount of any sec	cured claims on Schedule D: Claims Secured by Property.
□ No ■ Ye	o es Make: Model: Year:	Rinker Captiva	■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another	the amount of any sec Creditors Who Have of Current value of the entire property?	cured claims on Schedule D: Claims Secured by Property. Current value of the portion you own?
□ No ■ Ye	o es Make: Model: Year:	Rinker Captiva 2001	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	the amount of any sec Creditors Who Have of Current value of the	cured claims on Schedule D: Claims Secured by Property. Current value of the portion you own?
□ No ■ Ye	o es Make: Model: Year:	Rinker Captiva 2001	■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property	the amount of any sec Creditors Who Have of Current value of the entire property?	cured claims on Schedule D: Claims Secured by Property. Current value of the
Exam No Ye 4.1 M	on the do	Rinker Captiva 2001 cormation:	■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property	the amount of any sec Creditors Who Have of Current value of the entire property? \$6,500.00	cured claims on Schedule D: Claims Secured by Property. Current value of the portion you own?
Exam No Ye 4.1 M And And And And And And And And And An	Make: Model: Year: Other inf	Rinker Captiva 2001 ormation: ollar value of the portion you have attached for Part 2. V	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) u own for all of your entries from Part 2, including a	the amount of any sec Creditors Who Have of Current value of the entire property? \$6,500.00	cured claims on Schedule D: Claims Secured by Property. Current value of the portion you own? \$6,500.00
Exam No Ye 4.1 M And And And And And And And And And An	Make: Model: Year: Other inf	Rinker Captiva 2001 ormation: ollar value of the portion yo have attached for Part 2. V	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) u own for all of your entries from Part 2, including a	the amount of any sec Creditors Who Have of Current value of the entire property? \$6,500.00	cured claims on Schedule D: Claims Secured by Property. Current value of the portion you own? \$6,500.00
Exam No Ye 4.1 M 5 Add page Part 3: Do you 6. Hous Exau N	Make: Model: Year: Other inf Descril I own of sehold mples:	Rinker Captiva 2001 ormation: ollar value of the portion you have attached for Part 2. Video Your Personal and Househor have any legal or equitation of the portion of the your personal and Househor have any legal or equitation of the your personal and Househor have any legal or equitation of the your personal and Househor have any legal or equitation of the your personal and Househor have any legal or equitation of the your personal and Househor have any legal or equitation.	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) The community property (see instructions) The community property (see instructions) The community property (see instructions)	the amount of any sec Creditors Who Have of Current value of the entire property? \$6,500.00	Current value of the portion you own? Current value of the portion you own? \$20,500.00 Current value of the portion you own? Do not deduct secured
□ No ■ Ye 4.1 M 5 Add page Part 3: Do you 6. Hous Exau □ N	Make: Model: Year: Other inf Descril I own of sehold mples:	Rinker Captiva 2001 cormation: Collar value of the portion you have attached for Part 2. When the Your Personal and Househor have any legal or equitate goods and furnishings	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) The community property (see instructions) The community property (see instructions) The community property (see instructions)	the amount of any sec Creditors Who Have of Current value of the entire property? \$6,500.00	cured claims on Schedule D: Claims Secured by Property. Current value of the portion you own? \$6,500.00 \$20,500.00 Current value of the portion you own? Do not deduct secured

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

■ No

page 2

D	ebtor 1	lan C Hammersmith	Case number (if known)	19-34826
	☐ Yes.	Describe		
8.	Example No	bles of value es: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or oth other collections, memorabilia, collectibles Describe	ner art objects; stamp, coin	or baseball card collections;
9.	Equipme	ent for sports and hobbies es: Sports, photographic, exercise, and other hobby equipment; bicycles, pool table musical instruments	es, golf clubs, skis; canoes	and kayaks; carpentry tools;
	■ No □ Yes.	Describe		
10	■ No	ns oles: Pistols, rifles, shotguns, ammunition, and related equipment Describe		
11	. Clothes Examp □ No	s les: Everyday clothes, furs, leather coats, designer wear, shoes, accessories		
	■ Yes.	Describe Necessary wearing apparel		\$500.00
	Non-fall Examp ■ No □ Yes. Any oth	Describe rm animals oles: Dogs, cats, birds, horses Describe ther personal and household items you did not already list, including any healt Give specific information	th aids you did not list	
1		he dollar value of all of your entries from Part 3, including any entries for page art 3. Write that number here	es you have attached	\$2,500.00
		scribe Your Financial Assets vn or have any legal or equitable interest in any of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
16	■ No	oles: Money you have in your wallet, in your home, in a safe deposit box, and on har	nd when you file your petiti	·
17	Examp _	its of money oles: Checking, savings, or other financial accounts; certificates of deposit; shares in institutions. If you have multiple accounts with the same institution, list each.	n credit unions, brokerage l	nouses, and other similar
	□ No ■ Yes	Institution name:		
		17.1. Checking TCF Bank, account numb	per xxxx5549	\$2.000.00

Official Form 106A/B

Schedule A/B: Property

D	ebtor 1	Ian C Ham	nmersmith					Case number (ii	f known)	19-34826	
18			ls, or publicly t								
	Examp ■ No	les: Bond fun	ds, investment a	accounts with br	okerage firms	, money market	accounts				
	☐ Yes		Ins	titution or issuer	name:						
19	. Non-pu joint ve	•	I stock and inte	erests in incorp	orated and u	nincorporated	businesses	s, including an	interes	t in an LLC, p	artnership, and
	■ No										
	☐ Yes.	Give specific	information abo Name	out them of entity:				% of ownershi	p:		
20	Negotia Non-ne	able instrume	orporate bonds ents include pers ruments are thos	onal checks, ca	shiers' checks	s, promissory no	ites, and mo	ney orders.			
	■ No □ Yes. 0	Give specific	information abo Issuer								
21			ion accounts in IRA, ERISA,	Keogh, 401(k),	403(b), thrift sa	avings accounts	s, or other pe	ension or profit-	sharing	olans	
	☐ Yes. I	List each acco	ount separately. Type of a		Institu	tion name:					
22	Your sh Examp	nare of all unu	nd prepayment used deposits you ents with landlore	ou have made s					compan	ies, or others	
	■ No □ Yes				Institu	tion name or inc	dividual:				
23	. Annuiti	es (A contrac	ct for a periodic	payment of mon	ey to you, eith	ner for life or for	a number of	f years)			
	Yes		Issuer name a	nd description.							
24			ation IRA, in ar 1), 529A(b), and		qualified ABL	E program, or	under a qua	alified state tui	tion pro	gram.	
	Yes		Institution nam	e and description	on. Separately	file the records	of any intere	ests.11 U.S.C. §	§ 521(c):		
25	. Trusts,	equitable or	future interest	s in property (other than an	ything listed in	line 1), and	d rights or pow	ers exe	rcisable for y	our benefit
		Give specific	information abo	out them							
26			s, trademarks, t domain names, v					nts			
	☐ Yes.	Give specific	information abo	out them							
27			es, and other ge permits, exclusive			ciation holdings,	, liquor licen	ses, profession	al licens	es	
		Give specific	information abo	out them							
M	oney or p	oroperty owe	ed to you?							portion Do not d	value of the you own? educt secured r exemptions.
28	. Tax refi	unds owed to	o you								
	■ No □ Yes. 0	Give specific	information abo	ut them, includir	ng whether you	u already filed th	ne returns ar	nd the tax years	S		

Official Form 106A/B Schedule A/B: Property page 4

יט	ו וטוטפ	ian C Hammersmith	Case number (if known)	19-34826
29.		r support oles: Past due or lump sum alimony, spousal support, child support,	maintenance, divorce settlement, property	settlement
	■ No			
	☐ Yes.	Give specific information		
30.		amounts someone owes you oles: Unpaid wages, disability insurance payments, disability benefits benefits; unpaid loans you made to someone else	s, sick pay, vacation pay, workers' compen	sation, Social Security
	■ No			
	☐ Yes.	Give specific information		
31.		sts in insurance policies oles: Health, disability, or life insurance; health savings account (HSA	A); credit, homeowner's, or renter's insuran	ce
		Name the insurance company of each policy and list its value.		
	— 103.	Company name:	Beneficiary:	Surrender or refund value:
32.	If you somed	terest in property that is due you from someone who has died are the beneficiary of a living trust, expect proceeds from a life insurance has died. Give specific information	ance policy, or are currently entitled to rece	ive property because
33.		s against third parties, whether or not you have filed a lawsuit or ples: Accidents, employment disputes, insurance claims, or rights to		
	■ No			
	☐ Yes.	Describe each claim		
34.	Other No	contingent and unliquidated claims of every nature, including co	ounterclaims of the debtor and rights to	set off claims
	☐ Yes.	Describe each claim		
35.	Any fin	nancial assets you did not already list		
	☐ Yes.	Give specific information		
36		the dollar value of all of your entries from Part 4, including any eart 4. Write that number here	. •	\$2,000.00
Pa	rt 5: De	scribe Any Business-Related Property You Own or Have an Interest In. L	ist any real estate in Part 1.	
		own or have any legal or equitable interest in any business-related propertion of Part 6.	erty?	
	_			
	∐ Yes. (Go to line 38.		
Pa		escribe Any Farm- and Commercial Fishing-Related Property You Own or you own or have an interest in farmland, list it in Part 1.	Have an Interest In.	
16		u own or have any legal or equitable interest in any farm- or com	nmercial fishing-related property?	
	■ No.	Go to Part 7.		
	☐ Yes	s. Go to line 47.		
Pa	rt 7:	Describe All Property You Own or Have an Interest in That You Did No	t List Above	
53.	Exam	u have other property of any kind you did not already list? ples: Season tickets, country club membership		
	■ No	Give specific information		

Official Form 106A/B Schedule A/B: Property page 5

Deb	tor 1	19-34826			
54.	Add th	\$0.00			
Part	8:	List the Totals of Each Part of this Form			
55.	Part 1	: Total real estate, line 2			\$265,000.00
56.	Part 2	: Total vehicles, line 5	\$20,500.00		
57.	Part 3	: Total personal and household items, line 15	\$2,500.00		
58.	Part 4	: Total financial assets, line 36	\$2,000.00		
59.	Part 5	: Total business-related property, line 45	\$0.00		
60.	Part 6	: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7	: Total other property not listed, line 54 +	\$0.00		
62.	Total _I	personal property. Add lines 56 through 61	\$25,000.00	Copy personal property to	stal \$25,000.00
63.	Total o	of all property on Schedule A/B. Add line 55 + line 62			\$290,000.00

Official Form 106A/B Schedule A/B: Property page 6

Fill in this info	rmation to identify your	case:		
Debtor 1	lan C Hammersm			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	Bankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number	19-34826			
(if known)				☐ Check if this is an
				amended filing
				 -

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Pa	rt 1: Identify the Property You Claim as E	xempt							
1.	Which set of exemptions are you claiming?	hich set of exemptions are you claiming? Check one only, even if your spouse is filing with you.							
■ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)									
	☐ You are claiming federal exemptions. 11 l	J.S.C. § 522(b)(2)							
2.	For any property you list on Schedule A/B that you claim as exempt, fill in the information below.								
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption				
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.					
	5802 N. West Circle Avenue Chicago, IL 60631 Cook County	\$265,000.00		\$15,000.00	735 ILCS 5/12-901				
	House is worth approx. \$530,000. Debtor owns half of the house with his non-filing father. Debtor's half interest in the house is approx.\$265,000. However, Debtor's half interest is secured by Line from <i>Schedule A/B</i> : 1.1			100% of fair market value, up to any applicable statutory limit					
	2010 GMC Acadia 79,000 miles Line from Schedule A/B: 3.1	\$8,000.00		\$621.00	735 ILCS 5/12-1001(b)				
	Line from Scriedule AVB: 3.1			100% of fair market value, up to any applicable statutory limit					
	2000 Pontiac Firebird 79,000 miles Line from Schedule A/B: 3.2	\$6,000.00		\$2,400.00	735 ILCS 5/12-1001(c)				
	Line from Scriedule AVB. 3.2			100% of fair market value, up to any applicable statutory limit					
	2000 Pontiac Firebird 79,000 miles	\$6,000.00		\$1,379.00	735 ILCS 5/12-1001(b)				
	Line from Scriedule A/B: 3.2			100% of fair market value, up to					

any applicable statutory limit

Deb	otor 1 Ian C Hammersmith			Case number (if known)	19-34826
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B Amount of the exemption you claim Check only one box for each exemption.		ount of the exemption you claim	Specific laws that allow exemption
				eck only one box for each exemption.	
	One ordinary lot of used misc. used household goods and furnishings	\$2,000.00		\$2,000.00	735 ILCS 5/12-1001(b)
	Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	
	Necessary wearing apparel Line from Schedule A/B: 11.1	\$500.00		\$500.00	735 ILCS 5/12-1001(a)
	Line nom Schedule A/B. 1111			100% of fair market value, up to any applicable statutory limit	
3.	Are you claiming a homestead exemption of (Subject to adjustment on 4/01/22 and every 3 ■ No □ Yes. Did you acquire the property covere □ No □ Yes	years after that for ca	ases fi	,	,

Fill in this informat	ion to identify you	r case:			
Debtor 1	Ian C Hammers	mith			
_	First Name	Middle Name Last Name			
Debtor 2					
(Spouse if, filing)	First Name	Middle Name Last Name			
United States Bankr	uptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS			
	34826				
(if known)				_	if this is an
				ameno	ded filing
Official Form 1 Schedule D		Who Have Claims Secured	d by Propert	у	12/15
		If two married people are filing together, both are eq out, number the entries, and attach it to this form. O			
1. Do any creditors hav	ve claims secured by	vour property?			
	_	nis form to the court with your other schedules. You	ou have nothing else t	o report on this form	
_		·	ou have nothing clock	o report on the form.	
Yes. Fill in all	of the information I	Delow.			
Part 1: List All S	ecured Claims		Column A	Column B	Column C
		nore than one secured claim, list the creditor separately	,		
		a particular claim, list the other creditors in Part 2. As cal order according to the creditor's name.	Amount of claim Do not deduct the	Value of collateral that supports this	Unsecured portion
	·		value of collateral.	claim	If any
2.1 Ally Financia	al	Describe the property that secures the claim:	\$7,379.00	\$8,000.00	\$0.00
Creditor's Name		2010 GMC Acadia 79,000 miles			
Attn: Bankru	intev Dent				
Po Box 3809		As of the date you file, the claim is: Check all that			
Bloomingtor	·	apply. Contingent			
Number, Street, City	y, State & Zip Code	☐ Unliquidated			
		☐ Disputed			
Who owes the debt?	Check one.	Nature of lien. Check all that apply.			
Debtor 1 only		☐ An agreement you made (such as mortgage or sec	cured		
Debtor 2 only		car loan)			
Debtor 1 and Debto	or 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the c	debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim community debt		Other (including a right to offset)			
	Opened 04/18 Last				

1650

Last 4 digits of account number

Active

Date debt was incurred 11/10/19

Debtor 1 lan C Ham	nmersmith		Case num	nber (if known)	19-34826		
First Name	Middle N	lame Last Name					
2.2 Associated Ba	ank	Describe the property that secures the cl	aim: \$4	54,567.00	\$265,000.00	\$189,567.00	
Creditor's Name		5802 N. West Circle Avenue Chicago, IL 60631 Cook County House is worth approx. \$530,000 Debtor owns half of the house whis non-filing father. Debtor's hinterest in the house is	0. vith				
Attn: Bankrup Dept./Mail Sto 1305 Main St Stevenspoint,	p 7712	approx.\$265,000. However, Debtor's half interes As of the date you file, the claim is: Check apply. Contingent	all that				
Number, Street, City, S	State & Zip Code	☐ Unliquidated					
Who owes the debt?	Check one.	☐ Disputed Nature of lien. Check all that apply.					
■ Debtor 1 only □ Debtor 2 only		☐ An agreement you made (such as mortg car loan)	age or secured				
Debtor 1 and Debtor 2	2 only	☐ Statutory lien (such as tax lien, mechanic	c's lien)				
☐ At least one of the deb	otors and another	☐ Judgment lien from a lawsuit					
☐ Check if this claim re community debt	elates to a	Other (including a right to offset)					
Date debt was incurred	Opened 10/31/17 Last Active 10/21/19	Last 4 digits of account number	1684				
Date dept was mounted	10/21/19						
Add the dollar value o	f your entries in C	Column A on this page. Write that number h	ere:	\$461,946	.00		
If this is the last page	•	the dollar value totals from all pages.		\$461,946	.00		

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Write that number here:

Fill in this info	ormation to identify your	case:	
Debtor 1	Ian C Hammersm	ith	
Debtor 1	First Name	Middle Name Last Name	
Debtor 2			
(Spouse if, filing)	First Name	Middle Name Last Name	
United States E	Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS	
Case number	19-34826		
(if known)	10 0 1020		☐ Check if this is an
			amended filing
	rm 106E/F E/F: Creditors W	/ho Have Unsecured Claims	12/15
Schedule D: Credleft. Attach the C name and case n	ditors Who Have Claims Sec	ired Leases (Official Form 106G). Do not include any creditors with partially so ured by Property. If more space is needed, copy the Part you need, fill it out, n ge. If you have no information to report in a Part, do not file that Part. On the to asecured Claims	umber the entries in the boxes on the
1. Do any cred	litors have priority unsecure	d claims against you?	
■ No. Go to	Part 2.		
☐ Yes.			
Part 2: List	All of Your NONPRIORIT	Y Unsecured Claims	
3. Do any cred	litors have nonpriority unsec	cured claims against you?	
☐ No. You	have nothing to report in this p	art. Submit this form to the court with your other schedules.	
Yes.			
unsecured c	laim, list the creditor separatel	aims in the alphabetical order of the creditor who holds each claim. If a creditor y for each claim. For each claim listed, identify what type of claim it is. Do not list clais ist the other creditors in Part 3.If you have more than three nonpriority unsecured claim.	ims already included in Part 1. If more
			Total claim
4.1 A. Ma	rcy Newman	Last 4 digits of account number	\$42,235.06
Nonprio	rity Creditor's Name /. Randolph	When was the debt incurred?	
	go, IL 60606		
	Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who in	curred the debt? Check one.		
Deb	tor 1 only	☐ Contingent	
☐ Deb	tor 2 only	☐ Unliquidated	
☐ Deb	tor 1 and Debtor 2 only	☐ Disputed	
☐ At le	east one of the debtors and an		
	ck if this claim is for a com	nunity Student loans	
debt Is the c	laim subject to offset?	Obligations arising out of a separation agreement or divorce that report as priority claims	it you did not
■ No		\square Debts to pension or profit-sharing plans, and other similar debts	;
☐ Yes		■ Other. Specify Attorneys' Fees	

1 Ian C Hammersmith		Case number (if known) 19-34826	
Advocate Lutheran General Hospital	Last 4 digits of account number		\$14.00
Nonpriority Creditor's Name P.O. Box 4249 Carol Stream, IL 60197-4249	When was the debt incurred?		
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	Other. Specify Medical		
Bank of America	Last 4 digits of account number	8766	\$16,792.00
Nonpriority Creditor's Name 4909 Savarese Circle FI1-908-01-50	When was the debt incurred?	Opened 01/99 Last Active 11/19	
Tampa, FL 33634 Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.	,,, ,, ,, ,	энги эрргу	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	Other. Specify Credit Care	d	
Capital One	Last 4 digits of account number	5905	\$14,769.00
Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285	When was the debt incurred?	Opened 02/11 Last Active 11/19	
Salt Lake City, UT 84130			
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
Debtor 1 only	Constituent		
Debtor 1 only	☐ Contingent		
_	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecure	ed claim:	
At least one of the debtors and another	☐ Student loans	- Julii	
☐ Check if this claim is for a community debt		aration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	aration agreement or divolce that you did flot	

■ No

☐ Yes

■ Other. Specify Credit Card

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

Debto	Ian C Hammersmith		Case number (if known) 19-348	26
4.5	Carol Kollar Landscaping Nonpriority Creditor's Name	Last 4 digits of account number		\$945.00
	6687 N. Olympia Ave. Chicago, IL 60631	When was the debt incurred?		
	Number Street City State Zip Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did	not
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Landscapin	ng	
4.6	Discover Financial	Last 4 digits of account number	5859	\$9,719.00
	Nonpriority Creditor's Name Attn: Bankruptcy Department Po Box 15316	When was the debt incurred?	Opened 02/06 Last Active 11/12/19	
	Wilmington, DE 19850 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt		ration agreement or divorce that you did	not
	Is the claim subject to offset?	report as priority claims		
	■ No □ Yes	☐ Debts to pension or profit-sharin ☐ Other. Specify Credit Card		
		. ,		
4.7	Nonpriority Creditor's Name	Last 4 digits of account number When was the debt incurred?		Unknown
	4520 W. Homer Street Chicago, IL 60639 Number Street City State Zip Code	As of the date you file, the claim is	e. Chock all that apply	
	Who incurred the debt? Check one.	As of the date you me, the claim	s. Oneck all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa	ration agreement or divorce that you did	not
	Is the claim subject to offset?	report as priority claims		
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	Other. Specify		

Debtor	1 Ian C Hammersmith	Case number (if known) 19-34826	
4.8	Insightful Family Therapy Nonpriority Creditor's Name	Last 4 digits of account number	\$572.00
	1 E. Superior Street Suite 506	When was the debt incurred?	
	Chicago, IL 60611 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Medical	
4.9	Loyola University Health System	Last 4 digits of account number 2999	Unknown
	Nonpriority Creditor's Name P.O. Box 3021	When was the debt incurred?	
	Milwaukee, WI 53201-3021 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.1	Merchants Credit Guide Co.	Last 4 digits of account number 0062	\$162.00
0	Nonpriority Creditor's Name	Last 4 digits of account number U062	Ψ102.00
	223 West Jackson Boulevard Suite 700	Opened 02/19 Last Active 07/18	
	Chicago, IL 60606 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Collection Attorney Wheaton Eye Clinic Other. Specify Ltd.	
		· · ·	

Debto	r 1 lan C Hammersmith	Case number (if known)	
4.1	Niko's Auto Repair	Last 4 digits of account number	\$2,200.00
	Nonpriority Creditor's Name 1884 Miner Street Des Plaines, IL 60016	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	□ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Auto Repair	
4.1	Progressive Universal Insurance	Last 4 digits of account number	\$36,368.50
	Nonpriority Creditor's Name c/o Deutschman & Skafish 77 W. Washington, Ste. 1525 Chicago, IL 60602	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.1	Wheaton Eye Clinic	Last 4 digits of account number	\$130.00
3	Nonpriority Creditor's Name		*******
	2015 N. Main Street Wheaton, IL 60187	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	Contingent	
	Debtor 2 only	Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	Student loans	
	Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other Specify Medical	
	· 	— Other, Opeolity	

Part 3: List Others to Be Notified About a Debt That You Already Listed

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Debtor 1 Ian C Hammersmith Case number (if known) 19-34826

Name and Address Harris & Harris, Ltd. 111 W. Jackson Blvd. Suite 400 Chicago, IL 60604

On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.2 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

■ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

					Total Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total claims					
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
	6f.	Student loans	6f.	\$	Total Claim 0.00
Total claims from Part 2	6g. 6h.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	6g. 6h.	\$ *	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	123,906.56
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	123,906.56

Fill in this infor	mation to identify your	case:		
Debtor 1	lan C Hammersm	ith		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number	19-34826			
(if known)	10 07020			Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

ı	Person or	company with	whom you have the	e contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			_
	City		State	ZIP Code	<u> </u>
2.2					
	Name				
	Number	Street			
	City		State	ZIP Code	<u> </u>
2.3	<u> </u>		<u> </u>		
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.4			<u> </u>		
	Name				<u> </u>
	Number	Street			<u> </u>
	City		State	ZIP Code	
2.5	City		Oldio	211 0000	
	Name				
	Number	Street			
	City		State	ZIP Code	_

Fill in th	s information to identify your	case:			
Debtor 1	lan C Hammersm	ith			
.	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, t	iling) First Name	Middle Name	Last Name		
I Inited S	ates Bankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Offica O	ates burning court for the.	TOTAL PIOTAGE	01 122111010		
Case nur	mber 19-34826				D Objects White is an
(II KIIOWII)					Check if this is an amended filing
					i amended iiing
Officia	al Form 106H				
Sche	dule H: Your Cod	ebtors			12/15
		•		s a codebtor.	
	ithin the last 8 years, have you ona, California, Idaho, Louisiana				
_	o. Go to line 3. es. Did your spouse, former spo	use, or legal equivalent live	with you at the time?		
in lir Forn	ne 2 again as a codebtor only i	f that person is a guaran	tor or cosigner. Make su	re you have listed t	ng with you. List the person shown the creditor on Schedule D (Official , Schedule E/F, or Schedule G to fil
	Column 1: Your codebtor Name, Number, Street, City, State and Z	IP Code		Column 2: The cr Check all schedul	editor to whom you owe the debt es that apply:
3.1	Associated Bank Attn: Bankruptcy Dept./M 1305 Main St Stevenspoint, WI 54481	ail Stop 7712		☐ Schedule D,☐ Schedule E/F☐ Schedule G	, line

Schedule H: Your Codebtors

Fill	in this information to iden	ntify your ca	se:								
Del	otor 1 lan	C Hamme	ersmith								
	otor 2 ouse, if filing)										
Uni	ted States Bankruptcy Co	ourt for the:	NORTHERN DISTRIC	T OF ILL	INOIS		_				
Cas	se number 19-3482	:6						Check if this is	s:		
(If kr	nown)							☐ An amend☐ A supplem	ent showin	ng postpetition ollowing date:	
0	fficial Form 10	6I						MM / DD/		ollowing date.	
S	chedule I: You	_ ur Inco	ome					IVIIVI / DD/	1111		12/15
sup spo atta	as complete and accura plying correct informati use. If you are separate ch a separate sheet to t Describe Emp	on. If you a d and you his form. C	are married and not filing wi	ng jointly th you, c	, and your s lo not includ	spouse i de inforr	s liv natio	ing with you, inc on about your sp	lude informouse. If m	mation about ore space is	your needed,
1.	Fill in your employme information.	nt		Debto	r 1			Debtor	2 or non-fi	iling spouse	
	If you have more than o			■ Em	ployed			☐ Emp	loyed		
	attach a separate page information about additi		Employment status	☐ Not	employed			☐ Not e	employed		
	employers.		Occupation	Admi	nistrative A	Assista	nt II				
	Include part-time, seaso self-employed work.	onal, or	Employer's name	Cook Exam	Coount Me	edical					
	Occupation may include or homemaker, if it app		Employer's address	_	. Clark Stre go, IL 6060						
			How long employed the	here?	22 years	S					
Par	t 2: Give Details A	About Mon	thly Income								
	mate monthly income a use unless you are separa		te you file this form. If y	you have	nothing to re	port for	any I	line, write \$0 in the	e space. In	clude your noi	n-filing
	u or your non-filing spous e space, attach a separat			mbine th	e informatior	n for all e	mplo	oyers for that pers	on on the li	ines below. If	you need
								For Debtor 1		btor 2 or ing spouse	
2.			y, and commissions (be alculate what the monthly			2.	\$	5,442.10	\$	N/A	
3.	Estimate and list mon	thly overti	me pay.			3.	+\$	0.00	+\$	N/A	
4.	Calculate gross Incon	ne. Add lin	e 2 + line 3.			4.	\$	5,442.10	\$	N/A	

Deb	tor 1	Ian C Hammersmith	-	(Case r	number (if k	nowr) -	19-34	826		
					For	Debtor 1				Debtor filing s		
	Cop	by line 4 here	4.		\$	5,44	2.10)	\$		N/A	
5.	l iet	t all payroll deductions:										
0.	5a.	Tax, Medicare, and Social Security deductions	58	2	\$	22	7.17	,	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5k		\$ —		0.00	_	\$ 		N/A	_
	5c.	Voluntary contributions for retirement plans	50		\$		0.00	_	\$		N/A	_
	5d.	Required repayments of retirement fund loans	50		\$		2.4	_	\$		N/A	_
	5e.	Insurance	56	Э.	\$		9.6		\$		N/A	_
	5f.	Domestic support obligations	5f		\$	(0.0)	\$		N/A	<u> </u>
	5g.	Union dues	50	g.	\$	6	3.46	3	\$		N/A	<u></u>
	5h.	Other deductions. Specify:	5h	า.+	\$	(0.0) +	- \$		N/A	<u>\</u>
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$	1,00	2.69)	\$		N/A	<u>\</u>
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	4,43	9.4	<u> </u>	\$		N/A	<u>\</u>
8.	List 8a.	profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total			•				•			
	O.L.	monthly net income.	88		\$		0.00	_	\$		N/A	_
	8b.	Interest and dividends Family support payments that you, a non-filing spouse, or a dependent	8t	Э.	\$	(0.0	_	\$		N/A	<u>\</u>
	8c.	regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	80	Э.	\$		0.00)	\$		N/A	
	8d.		80		\$		0.00	_	\$		N/A	_
	8e.	Social Security	86	Э.	\$		0.0	_	\$		N/A	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	e 8f	·.	\$		0.00)	\$		N/A	A
	8g.	Pension or retirement income	_ 80	g.	\$		0.0	_	\$		N/A	_
	8h.	Other monthly income. Specify:	8h	า.+	\$	(0.0) +	\$		N/A	<u>\</u>
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	. [\$		0.00)	\$		N/	Ά.
10	Cal	culate monthly income. Add line 7 + line 9.	10.	\$		1,439.41	+	\$		N/A	= \$	4,439.41
		I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		_		1,400.41		Ψ_		11/7	_	7,733.71
11.	Star Incli othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not ecify:	dep			•				chedule 11.		0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The rest te that amount on the Summary of Schedules and Statistical Summary of Certailies								12.	\$	4,439.41
13.	Do	you expect an increase or decrease within the year after you file this form	?								Comb month	ined ily income
		No.										
	П	Yes. Explain:								-		

Fill	in this information to identify your case:				
Deb	otor 1 Ian C Hammersmith		Ched	ck if this is:	
Deb	otor 2	_	An amended filing A supplement show	ving postpetition chapter	
(Sp	ouse, if filing)	_		13 expenses as of	
Uni	ted States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLING	OIS	-	MM / DD / YYYY	
Cas	se number 19-34826				
(If k	known)				
\sim	fficial Form 106 I				
	fficial Form 106J chedule J: Your Expenses				12/1
Be	as complete and accurate as possible. If two married people are ormation. If more space is needed, attach another sheet to this timber (if known). Answer every question.				or supplying correct
Pai	rt 1: Describe Your Household Is this a joint case?				
••	■ No. Go to line 2.				
	☐ Yes. Does Debtor 2 live in a separate household?				
	☐ No ☐ Yes. Debtor 2 must file Official Form 106J-2, <i>Expenses</i>	for Separate House	ehold of Deb	tor 2.	
2.	Do you have dependents? \square No				
	Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent	Dependent's relati		Dependent's age	Does dependent live with you?
	Do not state the	_			□ No
	dependents names.	Son			■ Yes □ No
		Daughter		8	■ Yes
		Daughter		11	□ No ■
		Daugittei			■ Yes □ No
3.	Do your expenses include				☐ Yes
Э.	Do your expenses include expenses of people other than yourself and your dependents?				
	rt 2: Estimate Your Ongoing Monthly Expenses				
exp	timate your expenses as of your bankruptcy filing date unless yopenses as of a date after the bankruptcy is filed. If this is a supp plicable date.				
	clude expenses paid for with non-cash government assistance it				
	e value of such assistance and have included it on <i>Schedule I: Y</i> fficial Form 106I.)	our income		Your expe	enses
4.	The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot.	nclude first mortgage	e 4. \$.	3,228.00
	If not included in line 4:				
	4a. Real estate taxes		4a. \$	3	0.00
	4b. Property, homeowner's, or renter's insurance4c. Home maintenance, repair, and upkeep expenses		4b. \$ 4c. \$		0.00
	4d. Homeowner's association or condominium dues		4d. \$		25.00 0.00
5.	Additional mortgage payments for your residence, such as how	me equity loans	5. \$	· · · · · · · · · · · · · · · · · · ·	0.00

Deptor 1	Ian C Ham	mersmith	Case num	ber (if known)	19-34826
S. Util	ities:				
6a.		eat, natural gas	6a.	\$	100.00
6b.	•	r, garbage collection	6b.	\$	20.00
6c.	•	cell phone, Internet, satellite, and cable services	6c.	\$	90.00
6d.	Other. Speci		6d.	\$	0.00
		eeping supplies	7.	\$	200.00
		Idren's education costs	8.	\$	0.00
_		, and dry cleaning	9.	\$	20.00
		oducts and services	10.	\$	20.00
	dical and denta		11.	\$	40.00
		nclude gas, maintenance, bus or train fare.		<u> </u>	+0.00
	not include car		12.	\$	100.00
		ubs, recreation, newspapers, magazines, and books	13.	\$	0.00
		outions and religious donations	14.	\$	0.00
	urance.			<u> </u>	0.00
		rance deducted from your pay or included in lines 4 or 20.			
	. Life insuranc		15a.	\$	0.00
15b	. Health insura	ance	15b.	\$	0.00
150	. Vehicle insur	rance	15c.	\$	100.00
150	I. Other insura	nce. Specify:	15d.	\$	0.00
		ude taxes deducted from your pay or included in lines 4 or 20.		•	<u> </u>
	ecify:	,	16.	\$	0.00
	tallment or leas	se payments:			
17a	. Car payment	ts for Vehicle 1	17a.	\$	194.00
17b	. Car payment	ts for Vehicle 2	17b.	\$	0.00
170	. Other. Speci	ify:	17c.	\$	0.00
	I. Other. Speci		17d.	\$	0.00
		f alimony, maintenance, and support that you did not repor	t as	·	
		our pay on line 5, Schedule I, Your Income (Official Form 10		\$	0.00
9. Oth	er payments y	ou make to support others who do not live with you.	•	\$	0.00
Spe	ecify:		19.		
		ty expenses not included in lines 4 or 5 of this form or on S	Schedule I: Yo	our Income.	
20a	 Mortgages o 	on other property	20a.	\$	0.00
20b	 Real estate t 	taxes	20b.	\$	0.00
200	. Property, hor	meowner's, or renter's insurance	20c.	\$	0.00
200	 Maintenance 	e, repair, and upkeep expenses	20d.	\$	0.00
20€	e. Homeowner'	's association or condominium dues	20e.	\$	0.00
l. Oth	er: Specify:		21.	+\$	0.00
	-	41			
	•	onthly expenses			
	. Add lines 4 th	3		\$	4,137.00
		(monthly expenses for Debtor 2), if any, from Official Form 106J	J-2	\$	
220	. Add line 22a a	and 22b. The result is your monthly expenses.		\$	4,137.00
		onthly net income.		•	
		? (your combined monthly income) from Schedule I.	23a.		4,439.41
23b	. Copy your m	nonthly expenses from line 22c above.	23b.	\$	4,137.00
230	•	r monthly expenses from your monthly income. your monthly net income.	23c.	\$	302.41
For mod	you expect an example, do you e dification to the ter	increase or decrease in your expenses within the year after expect to finish paying for your car loan within the year or do you expect rms of your mortgage? Explain here:			ease or decrease because of a
	res.	-npiaiii iioi6.			

Fill in this inf	ormation to identify your	case:				
Debtor 1	Ian C Hammersm	ith				
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States	Bankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS			
Case number	19-34826					
(if known)					☐ Check if this is an amended filing	
You must file sobtaining mor	people are filing together this form whenever you finey or property by fraud ir . 18 U.S.C. §§ 152, 1341, 1	le bankruptcy schedules n connection with a banl	s or amended schedules.	Making a false statement	, concealing property, or imprisonment for up to 20	
	pay or agree to pay some	one who is NOT an attor	rney to beln you fill out be	ankruntov forms?		
	pay or agree to pay some	one who is NOT all allol	ney to neip you nil out ba	inkruptcy forms:		
■ No						
☐ Yes	. Name of person			Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)		
	nalty of perjury, I declare are true and correct.	that I have read the sum	mary and schedules filed	l with this declaration and	ı	
X /e/ la	n C Hammersmith		x			
	n C Hammersmith C Hammersmith		X X Signature of D	Debtor 2		
lan (Debtor 2		

·				
Fill in this information to identify	your case:			
Debtor 1 lan C Hamm	ersmith Middle Name	Last Name		
Debtor 2 (Spouse if, filing) First Name	Middle Name	Last Name		
United States Bankruptcy Court for	the: NORTHERN DISTRIC	CT OF ILLINOIS		
Case number 19-34826 (if known)			☐ Check if this is an amended filing	
Official Form 106Dec Declaration Abo	ut an Individua	al Debtor's Sche	dules 12/15	
You must file this form wheneve obtaining money or property by years, or both. 18 U.S.C. §§ 152,	fraud in connection with a ba	ankruptcy case can result in fin	king a false statement, concealing property, or es up to \$250,000, or imprisonment for up to 20	
Did you pay or agree to pa	y someone who is NOT an at	ttorney to help you fill out bank	ruptcy forms?	
■ No Yes. Name of person			Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)	
that they are true and corre	ct.	summary and schedules filed wi	th this declaration and	
X /s/ lan C Hammersmith Signature of Debtor 1	ui / 20	Signature of Deb	tor 2	
Date December 21,	2019	Date		

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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